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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/715,006	11/17/2003	3626	385	1477-002-US	1	18	2

CONFIRMATION NO. 3287

32301
 CATALYST LAW GROUP, APC
 4330 LA JOLLA VILLAGE DRIVE SUITE 220
 SAN DIEGO, CA 92122

FILING RECEIPT



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Date Mailed: 02/13/2004

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Applicant(s)

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 Stephen A. Settlage, North Hollywood, CA;

Domestic Priority data as claimed by applicant

This appln claims benefit of 60/499,414 08/28/2003 *
 (*)Data provided by applicant is not consistent with PTO records.

Foreign Applications

If Required, Foreign Filing License Granted: 02/13/2004

Projected Publication Date: 03/03/2005

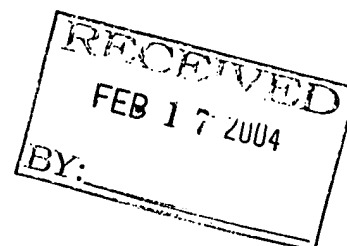
Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Healthcare information apparatus and method



Preliminary Class

705

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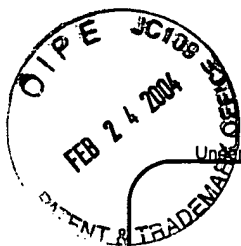
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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

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FORM**

(to be used for all correspondence after initial filing)

Application Number	10/715,006
Filing Date	November 17, 2003
First Named Inventor	Alan H. Brown
Art Unit	
Examiner Name	
Attorney Docket Number	1477-002-US

Total Number of Pages in This Submission

6

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Preliminary Amendment
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Jeffrey Landes, Esq. 55,355
Signature	
Date	February 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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